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## My Turn: Levine: Health-care reform all about choice

In a Jan. 8 Town Talk My Turn column by Walt Garlington, he questioned the effectiveness of recent health-care reforms proposed by Gov. Bobby Jindal and his administration.

Mr. Garlington argues that our efforts to expand access to private insurance to some of the poorest individuals in our state increases their dependence on government. His argument does not recognize that we already spend almost \$1 billion to care for the approximately 550,000 uninsured citizens of our state through the public hospital system. The funds used for this system are capped, and our state is nearing its federally imposed limit. Once we hit the limit, Louisiana's taxpayers will be at potential risk of losing hundreds of millions of dollars annually within the next few years.

By providing insurance coverage for nearly 106,000 currently uninsured people, and funding it through our federally matched Medicaid program, the state provides these individuals with the dignity of insurance coverage while also avoiding putting the taxpayers at risk for exceeding our federal limits.

With our reforms, individuals financed by Medicaid will now be given choices of private health plans, benefit packages and providers rather than languish in the current system where they cannot access services.

Further, these services will no longer be made arbitrarily by government, but be driven by demands and needs of the consumer.

Individuals will choose their insurance plan with the aid of independent choice counselors who will use data on plan and provider outcomes, satisfaction and cost to guide their decisions, and this data will be publicly shared on the Internet. This competition and transparency is a critical component of using market-based principles to improve quality and manage rising cost. Suffice it to say, this competition and transparency does not exist in today's Medicaid program.

In addition, these networks of care will now be able to negotiate rates with providers - paying more for better outcomes or to providers in high demand - actually reducing the monopoly power of Medicaid over providers under the current system.

Furthermore, individuals at higher income levels will be asked to make premium contributions and co-pays. They will also be incentivized to engage more effectively in their own care and healthy behaviors by earning credits and money in an enhanced benefit program.

Finally, Mr. Garlington states that the networks of care we have proposed have been ineffective at controlling costs. This is simply false and not based on any factual data. Study after study by leading independent health policy and research organizations nation-wide, including the Kaiser Foundation, Robert Wood Johnson Foundation, Center for Health Strategies, U.S. General Accounting Office, the Lewin Group and even the New York Times, have found that the networks we have proposed have, in virtually every state they have been implemented, controlled the growth of Medicaid costs, saving money for taxpayers and improving outcomes for consumers.

Our proposal expands private and nonprofit involvement in our Medicaid system and moves government's role from one of simply paying for claims to one of oversight, fraud prevention and other

functions that will save our taxpayers money.

I encourage The Town Talk readers to view the entire proposal at [www.dhh.louisiana.gov](http://www.dhh.louisiana.gov). Click on Louisiana Health First.

Alan Levine is secretary of the Louisiana Department of Health and Hospitals.

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